



**Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure**

**Board of Registration in Pharmacy  
239 Causeway Street, 5<sup>th</sup> Floor, Boston, MA 02114  
617-727-9953 (office) 617-727-2366 (fax)  
[www.mass.gov/reg/boards/ph](http://www.mass.gov/reg/boards/ph)**

**MITT ROMNEY  
GOVERNOR  
KERRY HEALEY  
LIEUTENANT GOVERNOR  
RONALD PRESTON  
SECRETARY  
CHRISTINE C. FERGUSON  
COMMISSIONER**

**APPLICATION FOR REGISTRATION TO OPERATE AND MANAGE  
A NUCLEAR PHARMACY – FEE: \$351.00 (Non-refundable)**

BOARD USE ONLY	
Board	_____
License #	_____
Type	_____
Cash #	_____
Cash Date	_____

A certified check, money order, or personal check for **\$351.00** payable to the Commonwealth of Massachusetts.

1. Nuclear pharmacies must be licensed (Radioactive Materials License) by the Department of Public Health, Radiation Control Program (DPH / RCP) prior to registration by the Board of Registration in Pharmacy.

Documentation of DPH / RCP licensure is attached. Yes \_\_\_\_\_

DPH / RCP license number \_\_\_\_\_

2. Name of nuclear pharmacy \_\_\_\_\_

BOARD USE ONLY		
Status Code	Issue Date	Lic. Exp. Date
_____	_____	_____

3. Location of nuclear pharmacy for which registration is requested.

_____ ( ) _____		
No.	Street	Telephone
_____		
City or Town	State	Zip Code

4. Hours of operation of nuclear pharmacy.

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

5. If the nuclear pharmacy is owned by an individual, state:

Name of owner \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

6. If the nuclear pharmacy is owned by a partnership, state:

Partnership name \_\_\_\_\_

Address \_\_\_\_\_

FID # \_\_\_\_\_

7. If the nuclear pharmacy is owned by a corporation, state:

a. Corporation name \_\_\_\_\_

Address \_\_\_\_\_

FID # \_\_\_\_\_

b. State in which company is incorporated \_\_\_\_\_

c. Names of Corporate Officers

Name	Position

8. Pharmacist charged with the management of the nuclear pharmacy must be a Massachusetts registered pharmacist, and have been qualified by the Board as a nuclear pharmacist.

- a. Name of pharmacist manager \_\_\_\_\_  
b. Mass. Pharmacist Registration Number \_\_\_\_\_  
c. Date of qualification by the Board as a nuclear pharmacist \_\_\_\_\_  
Month Day Year  
d. Social Security Number \_\_\_\_\_

9. Name of other Massachusetts registered pharmacists in employment. If registered as nuclear pharmacists, state regulation numbers.

Name	Pharmacist #	Nuclear Pharmacist #

10. Has the company ever been cited for any violations of applicable state and federal statutes and/or regulations regarding radiopharmaceuticals and radioactive material.

No \_\_\_\_\_ Yes \_\_\_\_\_ (If “yes”, please attach an explanation)

Pursuant to M.G.L. Chapter 62C section 49A, the company certifies that it has complied with all laws of the Commonwealth relating to state taxes.

We hereby certify that we have read and understand all applicable state and federal statutes and regulations regarding the operation of nuclear pharmacies and the handling of radiopharmaceuticals and radioactive materials, including M.G.L. Chapter 94C and Chapter 112, and 247 CMR 11.00 through and including 11.05.

We also certify, under the pains and penalties of perjury, that the statements and answers herein contained are truthful.

Signature of Owner, Partner, or Corporate Officer \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Pharmacy Manager \_\_\_\_\_  
Date \_\_\_\_\_